

**CURB**  
**Meeting Minutes**  
January 19, 2011

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**PRESENT**

**Board:** David Butsch, MD, Michel Benoit, MD, Molly Hastings, MD, Paul Penar, MD, William Minsinger, MD, Patrician Berry, MPH

**DVHA Staff:** Michael Farber, MD (Medical Director, DVHA; moderator), Vicki Loner (DVHA), Daljit Clark (DVHA), Ramona Godfrey (DVHA), Danielle Delong (DVHA), Susan Mason (DVHA), Michael McAdoo (DVHA), Jennifer Herwood (DVHA)

**HANDOUTS**

- Agenda
- Draft minutes from 12/15/10

**CONVENE: Dr. Farber convened the meeting at 6:36 pm.**

**1.0 Introductions**

Introductions were made around the table.

**2.0 Review of Minutes-Dr. Michael Farber**

The December 15, 2010 minutes were reviewed and accepted.

**3.0 Out-of-state proposal**

- Summary of other state Medicaid programs
- Total expenditures
- Expenditures for out patient evaluation and management codes
- Proposal - PA for all services, both inpatient and outpatient
- Exclude all emergency services, all border locations (NH,NY)
- Pros
- Cons
- Projected potential savings

Dr. Farber provided a power point presentation on beneficiary use of out-of-state providers for outpatient visits. He gave an overview of what other Medicaid programs cover, the total expenditures, the pros and cons and the projected potential savings by requiring prior authorization for all non-emergency out-of-state visits. After the presentation, the topic was opened up for discussion.

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Some areas to consider are to require prior authorization (PA) for any out-of-state visit including outpatient; to require PA for all border facilities; to develop a list of services not covered out-of-state or a list of procedures that are covered out-of-state; and to no longer enroll out-of-state facilities and providers as Medicaid providers.

Some additional questions for consideration: can the DVHA handle all of the requests that this proposal would generate; need to see data regarding which communities act as border providers; how many beneficiaries travel out-of-state for medical services.; review the amount reimbursed to out-of-state; how much reimbursed for transportation; and DVHA to consider centers for excellence for certain procedures. The CURB voted on implementing the current proposal which was approved with one member abstaining.

**4.0 PT, OT, ST (Physical, Occupational, and Speech Therapy)**

- Total expenditures
- Current policy adults
- Current policy children
- Improve oversight and link to medical necessity
- Medical necessity-evidence based
- Children - point where PA is initiated vs.. service limit
- Adult - point where PA is initiated vs. service limit

Dr. Farber provided a power point presentation on current physical, occupational and speech therapy rules for prior authorization. He outlined the current rules and requested the Board discuss whether the prior authorization process could be improved to ensure medical necessity and better clinical services. The members had several questions regarding these services. What is the average Medicaid expenditure per therapy visit? Where should the PA process start or should there be an absolute service limit? Should the prior authorization process remain the same as currently adopted? Should therapy services by home health agencies be subject to increased controls? The Board discussed allowing an initial evaluation and then require prior authorization for the treatment plan and additional visits. The evaluation could cover an initial 1-5 visits without PA and thereafter PA would be required for additional services. The board requested data on the per cent of beneficiaries that receive therapy services, the average number of total visits, the diagnoses for therapy services, per cent of children that received greater than 30 visits, the average length of services, and the average cost for provision of therapy services. The members also asked how much has been recouped for services without medical justification. Additional information will be presented at the February CURB meeting.

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**5.0 Negative pressure wound therapy (NPWT) V.A.C - Tabled**

- Currently under PA - DVHA guidelines
- Total expenditures
- Rates 2010
- Rates 2011
- Recommendation

This was tabled for a full presentation and discussion at the February meeting.

**6.0 Introduction ER Utilization control- Tabled**

There was also discussion regarding “Personal Care Services”: what they include, are they medically valid, who oversees these services, and who reimburses for them. This will be researched and presented at a future meeting.

**Adjournment – CURB meeting adjourned at 8:35 PM**

**Next Meeting**

**February 16, 2011**

**Time: 6:30 PM – 8:00 PM**

**Location: Department of Vermont Health Access, Williston, VT**